

I am submitting this written testimony as a strong endorsement of HB4455, the Minority Health Disparities Research and Education Act. It is extremely appropriate on this last day of Black History Month to recite a quote by Dr. Martin Luther King, Jr. He stated,

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Public health officials for the last year have been concerned with a possible pandemic of Avian Influenza or “Bird Flu”. The concern has been that **IF** this disease that occurs naturally in birds, mutates and infects humans, it **MIGHT** cause the death of millions of Americans. I want to propose to you today, that the United States and Michigan is already faced with a pandemic that has already taken the lives of countless citizens of this great country. This disease, affects all racial and ethnic minority groups in the United States. Statistics on this disease for African Americans have been documented for over 100 years! This pandemic is not on the horizon...it is here. This pandemic is called, “health disparities.” Health disparities are a long-standing, complex behavioral and social issue that cannot be properly addressed without a considerable broad-based approach. It is important that leaders from all levels of government, academia, public health, foundations and community organizations are involved in the improvement of the health of minority residents and the ultimate elimination of health disparities.

Preventive medicine and dynamic new advances in medical technology have been responsible for improvements in life expectancy and the overall health of most Americans. However, health status, in the US, is often associated with one’s economic status, race, and gender and not all Americans have benefited equally. The World Health Organization defines health as, *A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* Health disparity is defined as, *a difference in a health status of certain segments of the population that does not seem to be readily accounted for by biological measures.* The Center for Disease Control and Prevention, Healthy People 2010, a federal document to produce national health objectives, Michigan’s Surgeon General, MDCH, and numerous foundations and community organizations all view the elimination of health disparities as a public health issue. Dr. Kimberlydawn Wisdom, Michigan Surgeon General stated, “The prevalence of health disparities is a cause for great concern and must be addressed. It is important that we recognize

inequalities in the health of our citizens and that we address these trends in order to ensure a healthy Michigan.” All citizens, more importantly, must recognize and appreciate the breadth and depth of racial and ethnic health disparities as a public health concern. The elimination of health disparities is not just a problem for minority residents. It is a Michigan problem that affects the general health, welfare and economic development of the entire State. We must establish an action plan, which includes the passage of HB 4455, to address the health outcomes for Michigan’s ethnic and racial populations.

Let me present evidence of examples of some of the health disparity data which affects Michigan. This information was gleaned from the African American Fact Sheet, the Hispanic/Latino American Fact Sheet and other information that is readily available on the Michigan.gov website or published by MDCH.

Health Disparities for African Americans

Life Expectancy

- Life expectancy has increased for all races over the last several decades. However, Michigan’s Caucasian population is estimated to live six-and-a-half years longer than the African American population. **Note that the life expectancy for African American males, in 2001, is about the same as the life expectancy for Caucasian males in 1950! 40% of African American males do not reach age 65!**

Cardiovascular Disease

- Heart disease death rates are over 350 per 100,000 population for African Americans compared to about 250 per 100,000 for whites.
- Stroke is the 4th leading cause of death for African American males. Stroke is the 3rd leading cause of death for African American females. Michigan’s age-adjusted stroke death rate for African Americans is above both the national and state rates for whites.

Infant Mortality

- African American infant deaths occur nearly 3 times more often than white infant deaths.

Diabetes

- One in 9 African Americans has diabetes as compared to 1 in 14 whites.

HIV

- While African Americans comprise 14 % of the population in Michigan, they account for about 60% of those living with HIV.

Health Disparities for Hispanic/Latino Americans

Cancer

- Cervical cancer is the cause of death almost two times more often in Hispanic/Latino woman than in whites.
- Hispanic/Latino Americans die of liver cancer at two times the rate of whites.
- Deaths due to stomach cancer are 1.7 times more likely in Hispanic/Latino Americans than in whites.

Diabetes

- One in 8 Hispanic/Latino Americans has diabetes, compared with one in fourteen for whites.
- Hispanics/Latinos die of diabetes 1.5 times more often than whites.
- Hispanics/Latinos suffer from more diabetes related complications than whites.

Lifestyle-Obesity

- 29.2 percent of adult Hispanic/Latino Americans are obese compared to 23.5% of adult whites. Obesity and overweight have been linked to diabetes, high blood pressure, stroke, heart disease, gall bladder disease, osteoarthritis, and some cancers.

HIV

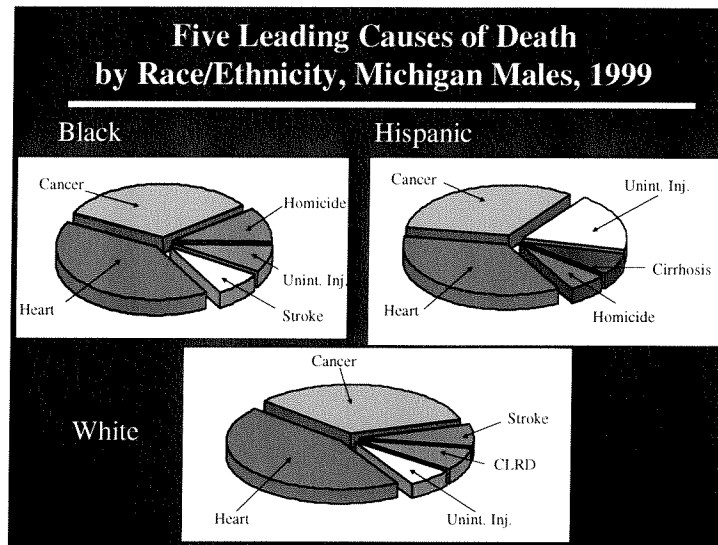
- Hispanic/Latino Americans make up 4% of the HIV/AIDS cases, but only 3% of the Michigan population.
- The rate of HIV infection is more than two times higher in Hispanics/Latinos than in whites.

Given the complexity of this health predicament, it is important that stakeholders statewide assemble themselves to establish an action plan by which the health outcomes and the resultant elimination of health disparities for Michigan's ethnic and racial populations can be improved. We view the passage of HB 4455 as a vital part of the solution.

A MICHIGAN HEALTH DISPARITY PRIMER

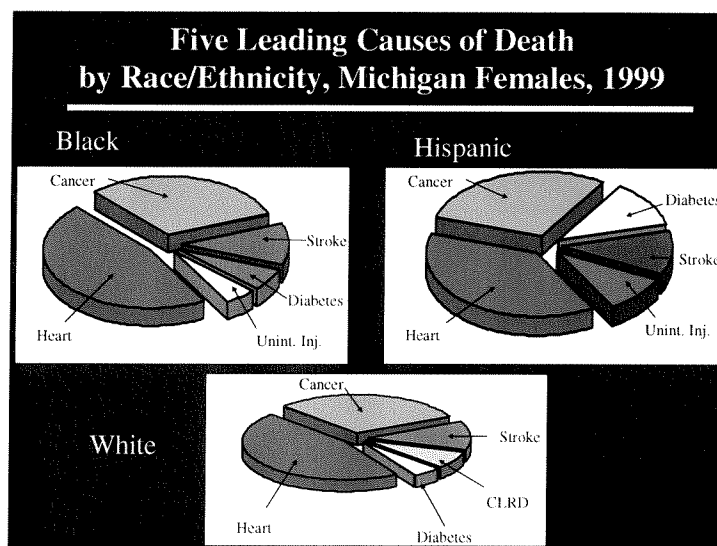
A PICTURE of MICHIGAN'S HEALTH DISPARITY





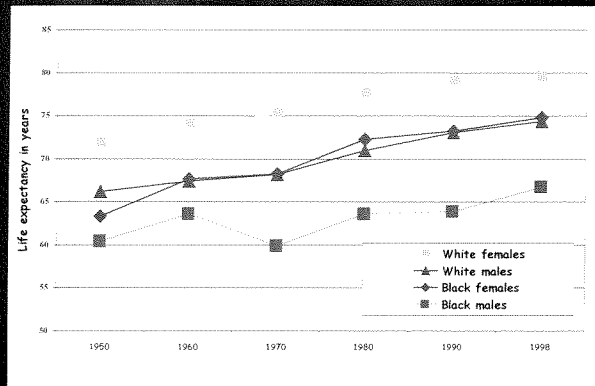
For white, black and Hispanic men heart disease, cancer and unintentional injuries are in the five top leading causes of death.

Heart disease is the leading cause of death for men in all three groups. Among all Michigan residents - including both women and men - heart disease accounts for over 30% of all deaths.



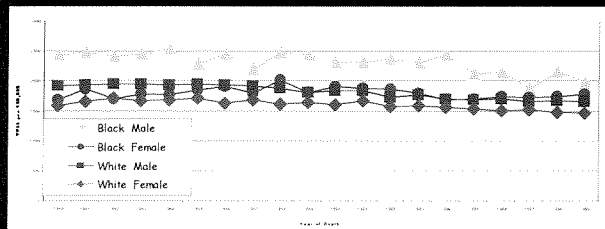
Heart disease, cancer, diabetes and stroke are found among the five leading causes of death for white, Black and Hispanic women. Unfortunately, minorities are disproportionately affected and have a higher prevalence of the disease.

Life expectancy by race and sex, Michigan, 1950 - 1998



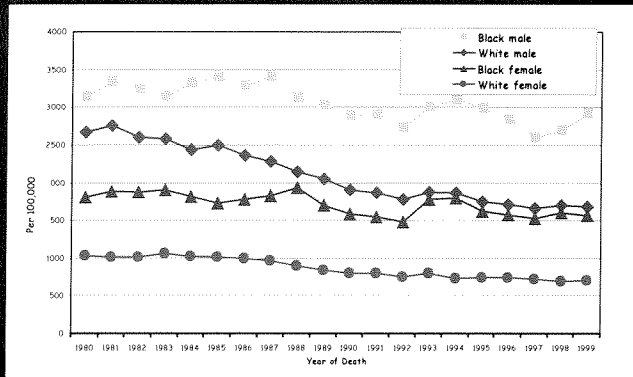
Life expectancy is the average number of years of life remaining to a person at a particular age. Although life expectancy has been increasing for all the groups it is the highest for white females and the lowest for Black males.

Years of Potential Life Lost All Causes by Race and Gender Michigan 1980-1999



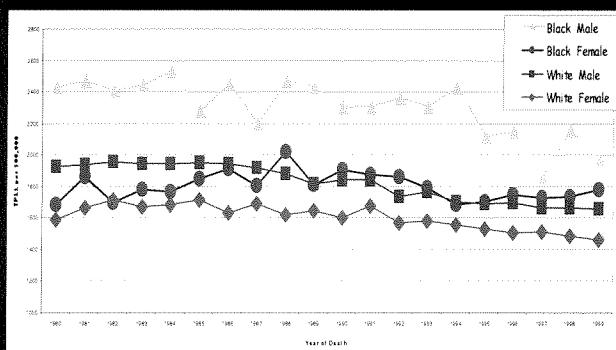
Years of potential life lost is another way of ranking population health by measuring premature death. It is calculated by subtracting the age at which a Person dies from the standard age of 75. Overall, Blacks bear a greater burden due to premature mortality than do whites.

Years of Potential Life Lost due to Diseases of the Heart by Race and Gender, Michigan 1980-1999



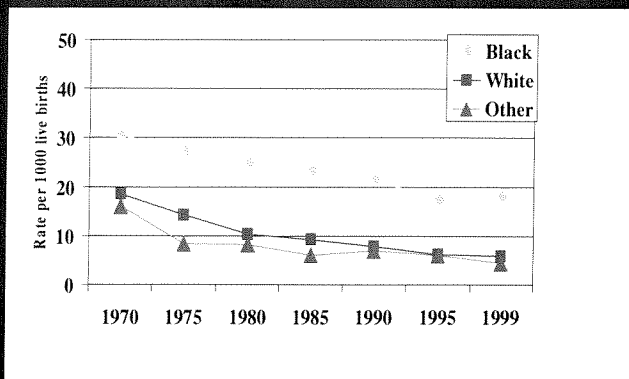
This graph shows the premature mortality from heart disease. Black males have had the highest rate of premature mortality from heart disease of all four groups.

Years of Potential Life Lost due to Cancer by Race and Gender Michigan 1980-1999



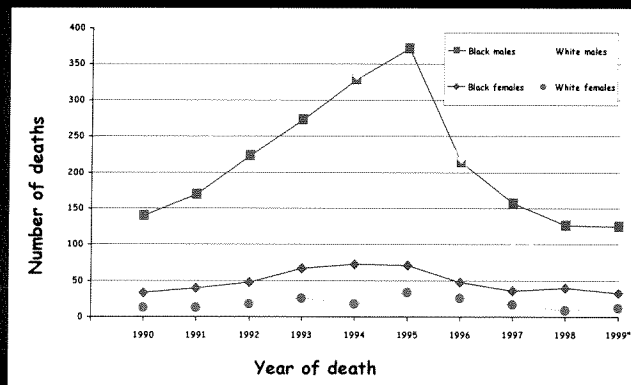
We see the same pattern for years of potential life lost due to cancer that we did for heart disease. Premature mortality rates are highest among Black males and lowest for white females.

Infant mortality rate per 1,000 live births by race, Michigan, 1970 - 1999



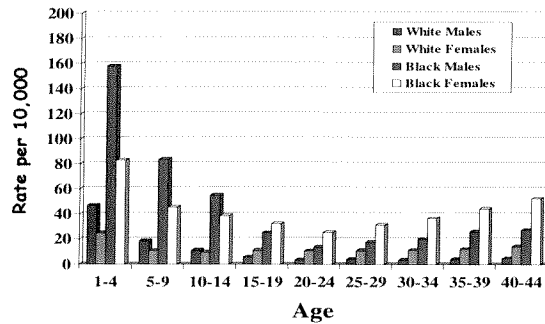
Infant mortality is seen as a social marker. It is a worldwide indicator of health status. The greatest disparity, in Michigan and nationwide, exists for blacks.

HIV-related deaths in Michigan, by race and gender, 1990 - 1999



The figure shows the NUMBER of HIV-related deaths in Michigan between 1990 and 1999. While the number of deaths among Black males parallels that of white males, please remember that Blacks make up less than 15% of Michigan's population so they are disproportionately affected.

Hospitalization Rates Due to Asthma Ages 1-44 Years, Michigan, 1990-1998



Again, Blacks overall though have higher rates of hospitalizations than do whites. The reasons for this are not completely clear but could be related to issues like more severe disease or less access to primary care providers.

Source:

“Health Disparities in Michigan: An Incomplete Review”

David R. Johnson, MD, MPH

Deputy Director for Public Health and Chief Medical Executive

Michigan Department of Community Health

MSU Health Disparity Conference 2000

Without A Vision The People Perish

Mission

To improve the quality of life for African Americans by serving, protecting and preserving the physical, mental, spiritual and cultural wellbeing of the community.

Vision

A society in which racial and ethnic populations are capable of experiencing excellence in health, wellness, wholeness and fulfillment.

What is WAV?

Without a Vision The People Perish (WAV) is a nonprofit health education and research organization devoted to moving the African American community towards a healthier future. Hosea 4:6 states, "My people are destroyed for the lack of knowledge."

We believe countless African Americans are dying prematurely due to a lack of awareness of health issues. We seek to improve the lives of African Americans by spreading a vision of health and wellness by collaborating with diverse community organizations, universities, foundations, businesses and governmental agencies.

Why WAV?

African Americans currently suffer from shorter life expectancies, higher infant mortality and higher deaths rates from cardiovascular disease, diabetes, cancer, asthma and AIDS. WAV was conceived from the need to inform the public of these and other health disparities. WAV satisfies this need by developing strategies for community empowerment in managing health and wellness.

Expertise

- Health Education
- Motivational Speaking
- Conference Development
- Health Advocacy Training
- Program Development

Evaluation & Research Activities

- Focus/Dialogue Group Facilitation and Analysis
- Program Evaluation
- Community-Based Participatory Research
- Survey Development/Analysis
- Workshop Facilitation
- Quantitative Analysis

Selected Presentations:

Titles

Therefore Choose Life:
Health Disparities

Therefore Choose Life:
Diabetes Prevention

Health Education Strategies for
African American Communities

The Five W's of Health Disparity:
A Health Disparity Primer

The Quality of Healthcare:
A Health Disparity Issue

What Is A Health Disparity and
Why Should I Care?

Audiences/Organizations

American Public Health Association
Annual Meeting
Washington D.C.

American Public Health Association
Annual Meeting
San Francisco, California

National Minority Health Summit
Pittsburgh, Pennsylvania

(cont.)

Sankofa Shule Academy
Lansing, Michigan

African American Community
Health Conference
Muskegon Heights, Michigan

Michigan Dept. of Community Health
Statewide Obesity Conference
Novi, Michigan

Robinson Memorial COGIC
Lansing, Michigan

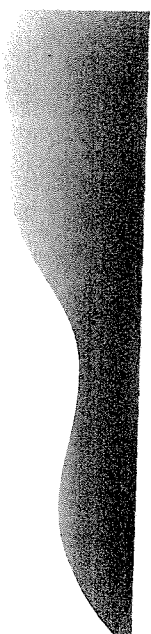
MSU Cardiology Research Fellows
East Lansing, Michigan

Medicine Grand Rounds
Sparrow Hospital
Lansing, Michigan

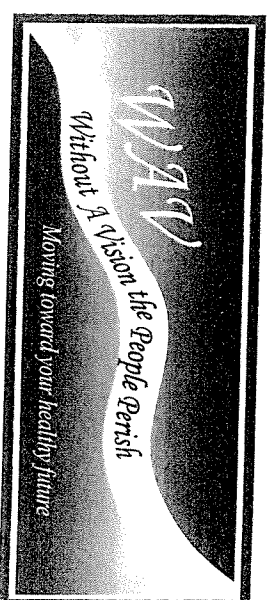


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**Without A Vision
The People Perish**



Moving toward your healthy future

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